



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

\*BIBDATASHEET\*

CONFIRMATION NO. 3549

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/516,078	<b>FILING OR 371(c) DATE</b> 03/01/2000 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> 45061-8
------------------------------------	---	---------------------	-------------------------------	---------------------------------------

## APPLICANTS

Zsolt Istvan Hertelendy, Pharm.D., Ph.D, Cincinnati, OH;  
 Murray Weiner, M.D., Cincinnati, OH;  
 Michael Howell, Phd, Cincinnati, OH;  
 Joseph Thomas, Hebron, KY;  
 ZSOLT W. HERTELENDY, CINCINNATI, OH;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 05/04/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 0	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 6	
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged	Examiner's Signature	Initials			

## ADDRESS

23280

## TITLE

Urogenital or anorectal transmucosal vaccine delivery system

<b>FILING FEE RECEIVED</b> 714	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------------	---	---